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PTO/SB/21 (02-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

|  |   |                        |                 |
|--|---|------------------------|-----------------|
|  |   | Application Number     | 09/970,188      |
|  |   | Filing Date            | October 3, 2001 |
|  |   | First Named Inventor   | RAJARAM, Gowri  |
|  |   | Art Unit               | to be assigned  |
|  |   | Examiner Name          | to be assigned  |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | UTL 00143       |

## ENCLOSURES (Check all that apply)

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input checked="" type="checkbox"/> Status Letter                                       |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              | Return Receipt Postcard   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Jonathan T. Velasco, Esq. Reg. No. 42,200<br>KYOCERA WIRELESS CORP. |
| Signature               |   |
| Date                    | Oct 27 2004   |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |               |      |                  |
|-----------------------|---------------|------|------------------|
| Typed or printed name | Lynn Morkunas |      |                  |
| Signature             |               | Date | OCTOBER 27, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): **RAJARAM, Gowri**  
Application No.: **09/970,188**  
Filed: **October 3, 2001**  
Title: **SYSTEM AND METHOD FOR  
FIELD DIAGNOSIS OF  
WIRELESS COMMUNICATIONS  
DEVICE SYSTEM SOFTWARE**

Group Art Unit: **to be assigned**  
Examiner: **to be assigned**

**STATUS INQUIRY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

Applicant respectfully submits the present status inquiry in the above-captioned patent application. Since an Office Action has not been issued in the present application in approximately three years since its filing date, applicant respectfully requests a notice of allowance directed to all pending claims.

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service via First Class Mail on **October 27, 2004** in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Lynn Morkunas**

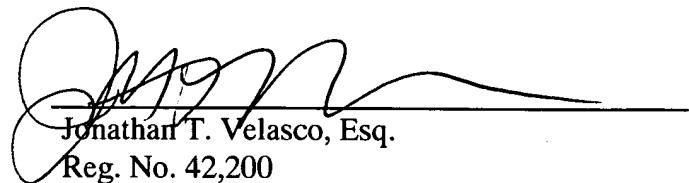
Printed Name of Person Mailing Paper and/or Fee

  
Signature

No fee is believed due in connection with this submission. However, if a fee is deemed necessary, the Commissioner is hereby authorized to charge Deposit Account No. 50-3001.

Respectfully Submitted,

Dated: Oct 27 2004



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Jonathan T. Velasco, Esq.  
Reg. No. 42,200

Jonathan T. Velasco, Esq.  
KYOCERA WIRELESS CORP.  
P.O. Box 928289  
San Diego, CA 92192-8289  
Direct Dial: (858) 882-3501  
Direct Fax: (858) 882-2485